



**U.S. NUCLEAR REGULATORY COMMISSION** 

SECTION 1

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NRC FORM 664

GL-706944-19 12/29/2014

02 - 2004 10 CFR 31.5

# **GENERAL LICENSEE REGISTRATION**

#### APPROVED BY OMB: NO. 3150-0198

EXPIRES: 03/31/2010

Estimated burden per response to comply with this mandatory collection request: 20 minutes. NRC will use this information to track general licensees and their devices to ensure a higher level of device accountability. Send comments regarding burden estimate to the Records and FOIA/Privacy Services Branch (T-5 F52), U. S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to infocollects@nrc.gov to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0000). Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently valid OMB control number, the NRC may not conduct or sponsor, and a person is not required to respond to the information.

Complete all six sections of this registration form. If any of the preprinted information is incorrect, provide the changes in the applicable boxes. USE CAPITAL LETTERS.

General License SECTION 1 - GENERAL LICENSEE INFORMATION Registration Number GL-706944-19

Enter the company name and the street address/physical location of use for your device(s). For portable devices, specify the primary storage location. Do not use a P.O. Box address.

Company Name: WEYERHAEUSER

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Dep	artm	ent:														 				 
Address Line 1: 4111 WEST 4 MILE ROAD																				
Add	ress	Line	1:	4111	WE	ST 4	MIL	E RC	DAD											
	Address Line 2:																			
Add	ress	Line	2:																	
City	:			GR/	YLIN	١G														
Stat	e: N	/11			]		Zip C	Code	: 49	9738	-					 	-			
For NRC Use Only (Do not write here) Packet Receipt Date (MMDDYYYY): Accession Number:																				





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## **SECTION 1 - GENERAL LICENSEE INFORMATION (Continued)**

Enter the name, telephone number and title of the person who is the responsible individual for the device(s).

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First	t Nar	ne:	KAT	HI										Mi	iddle	Initi	al:	E		
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Tele	phon	e:	(989	) 348	3-347	′5								E>	ktens	sion:				
	Telephone: (989) 348-3475																			
Title	tle: HS&E MANAGER																			

Enter the mailing address where correspondence regarding your device(s) should be sent. This address should be specific to the use or storage location of your device(s).

### Department:

Add	ress	Line	1:	4111	WE	ST 4	MIL	E R	DAD							
Add	ress	Line	2:													
City	:			GRA	YLIN	١G										
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**SECTION 2 - DEVICES SUBJECT TO REGISTRATION** 

**SECTION 2** 

Our records indicate that you have these devices.	Please update the information as necessary.
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NRC Device Key	649639	(Internal Control Number)
Distributor/Distributed By:	LFE CORP	ORATION
Distributor License Number:	20-01382-1	6G
Manufacturer Name: LFE COF	RPORATION	
Device Model (Not Source Mo	del): SS-3A	
Device Serial Number: 3068L	/	
Transfer Date (Receipt Date):	U8/11/1986	Not in possession of device (Also
		└─┘ complete Section 4.)
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**SECTION 4 - NOT IN POSSESSION OF DEVICE** 

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Provide information about devices listed in Section 2 or 6, but no longer in your posses	sion.
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-							-		Part <sup>-</sup>															nufac			u 5)
-	Returned to Manufacturer (complete Part 1 only) (com															Part	-				<b>\</b>						
Part 2	art 2 License Number of Recipient (if transferred to a specific lice																										
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Title:																											





**SECTION 3** 

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### **SECTION 3 - ADDITIONAL DEVICES SUBJECT TO REGISTRATION**

PAGE 1 of 1 Provide information about other devices you have that are subject to registration. Do not report specifically licensed devices.

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												6													
Initia	l Tra	Insfe	ror L	icens	se N	umbe	er (if	knov	wn)																
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# **SECTION 5 - CERTIFICATION**

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I hereby certify that:

- A. All information contained in this registration is true and complete to the best of my knowledge and belief.
- B. A physical inventory of the devices subject to registration has been completed, and the device information on this form has been checked against the device labeling.
- C. I am aware of the requirements of the general license, provided in 10 CFR 31.5.
  (Copies of applicable regulations may be viewed at the NRC website at: http://www.nrc.gov/reading-rm/doc-collections/cfr)

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SIGNATURE - RESPONSIBLE INDIVIDUAL (Listed in Section 1) DATE

**WARNING:** FALSE STATEMENTS MAY BE SUBJECT TO CIVIL AND/OR CRIMINAL PENALTIES. NRC REGULATIONS REQUIRE THAT SUBMISSIONS TO THE NRC BE COMPLETE AND ACCURATE IN ALL MATERIAL ASPECTS. 18 U.S.C. SECTION 1001 MAKES IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY WRONG STATEMENT OR REPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER IN ITS JURISDICTION.



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# SECTION 6 - DEVICES NOT SUBJECT TO REGISTRATION

**SECTION 6** 

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NRC Device Key:

Manufacturer License No:

Manufacturer Name:

Model Number:

Serial #:

Transfer Date: